

Georgia Department of Human Services

Work Away Information Form

Please print

A copy of this form MUST be submitted to the division/office telework coordinator prior to the employee beginning to telework.

Last Name	First Name	Employee ID#
Teleworker Type <input type="checkbox"/> <u>Regular</u> (teleworks same day[s] every week) <input type="checkbox"/> <u>Occasional</u> (does not telework same day[s] every week)		Normal Work Day 8 hours 9 hours 10 hours Flex
Telework Days Check day(s) <u>only</u> if Teleworker Type is Regular Teleworker Monday Tuesday Wednesday Thursday Friday Saturday Sunday	Normal Commute Option (How do you get to work?) SOV – single occupancy vehicle Bicycle Carpool Mass Transit Van Pool Walk Other	If your Normal Commute Option is SOV, indicate the Type of Vehicle driven: Subcompact Car Compact Car Intermediate Car Full-Size Car Compact Pickup Full-Size Pickup Compact Utility (SUV) Intermediate Utility (SUV) Full-Size Utility (SUV) Mini-Van Full-Size Van
If SOV is your Normal Commute Option, how many miles do you travel to work one way (trip mileage)?	How long is your commute one-way, in hours and minutes (trip time)?	Comments:

County _____ **Division/Office** _____

Employee Signature _____ **Date** _____

Approved by (Manager/Supervisor) _____ Date _____